305 West 44th Street, New York, NY, 10036 Main: 1(212) 586-6400 Ext. 4125 Fax: 1(212)586-6117

CHANGE FORM

	<u>Сн</u>	ANGE FO	<u>UKM</u>	
1.) ADDRESS CHA	ANGE			
Social Security Number	Last Name		First Name	MI
Street		- City	State	Zip Code
	1	/	/ /	Zip Code
Date of Birth	Date of Hire	/	Plan Entry Date	
	1	_		
Hotel Name	Shop #			
I elect to have a total percentage of				
I understand that to on my behalf only. I also current address. I also uprincipal Financial Group' at www.principal.com and	he purpose of this the understand that I may anderstand that any so customer service a	nust always proceeds to the changes in further than 1 (866) NOW	nds or fund allocations	Plan Administrators my must be made through
EMPLOYEE SIGNATUR	E		DATE	
For Hotel Payroll Personnel: FOR DEPARTMENTAL U (CIRCLE ONE) 1 ST QUARTER (JAN 1 (In By December 15 th)	SE ONLY:	(APRIL 1) 3 RD (QUARTER (JUL 1) 4 TH (DUARTER (OCT 1) By September 15th)

Initials & Forwarded By:

Instructions for Change Form Submission

For the Union Member:

This form is to be completed and submitted to the:

Retirement Services Department New York Hotel Trades Council Employee Benefit Funds Office 305 West 44th Street, New York, 10036 (Fax # 212-586-6117)

The form must be submitted here first and <u>NOT</u> the Human Resources or Payroll Department of your Hotel. The Retirement Services Department will notify your hotel of any changes your have requested.

Forms submitted through the hotel may not be honored or processed.

Section 1:

 Please complete, be sure to include your SSN, Print Name in Full, Address (Optional), Date of Birth, Date of Hire (Optional), Plan Entry Date (Not Necessary)

Section 2:

- The minimum percentage deduction is 1% the maximum is 25%.
- This form is due during the time period of three (3) weeks prior to the 15th of the month *prior* to the beginning of a new quarter (January 1st, April 1st, July 1st, October 1st) whereby you can make increases(+) or decreases(-) to your percentage election for payroll deduction to commence the beginning the 1st of the next quarter.
- If it passed the cutoff date for the new quarter deductions, then the only change that would be allowed is to suspend your contribution and bring your percentage deduction to "0".

Section 3:

 Please sign and date your form. Forms not properly signed or dated will not be processed and sent back.

For the Hotel HR or Payroll Department:

At the bottom of the form there is a grey shaded area that must be signed and completed by the Hotel Trades Council Retirement Services Department prior to processing at the hotel.

- Please make sure not to accept forms that are not first processed and signed off by the Retirement Services Department
 at the New York Hotel Trades Council Employee Benefit Office.
- If the forms are submitted at your hotel please forward to the Retirement Services Department for acknowledgement and processing without taking any action.
- Please refrain from processing the form through your payroll cycle without first having the forms checked and verified by the Retirement Services Department at the New York Hotel Trades Council Employee Benefit Office.
- Only process forms acknowledged and submitted by the New York Hotel Trades Council Employee Benefit Office Retirement Service Department.
- If you need to contact us please call 1(212) 586-6400 Extension:
- Union Member can contribute up to 25% of the their salary to the annual maximums allowed set IRS year by year
- Catch Up contribution limits for member turning age 50 or over in a calendar year can extend the member contribution limit to the combined total set by the IRS without the need of an additional form. The hotel can move to extend the members contribution limits for the combined limit for qualified contribution members.